

Wisconsin Public Psychiatry Network Teleconference (WPPNT)

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- Press # again to join. (There is no participant ID)

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- Join online or by phone by 11 a.m. Central and wait for the host to start the webinar. Your camera and audio/microphone are disabled.
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How to Engage, Equip, and Empower Emerging Adults using Developmental and Dialectical Frameworks

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Objectives

- Describe “typical” adolescent and emerging adult development and behaviors of concern.
- Provide an overview of dialectical behavior therapy (DBT) for adolescents.
- Identify priority indications for DBT-targeting life-threatening behaviors.
- Provide information on how to “Engage, Equip and Empower” youth within the context of DBT.
- Provide multiple resources for additional information.

A Developmentally Informed Approach to Treating Significant Mental Health Conditions

Seeks to “Engage, Equip, and Empower” youth and families

A **person-centered** approach, based on strengths

Encourages **connections** to the community and natural supports

Addresses needs from a range of **domains** (as identified by youth and families)

Navigates the following **dialectical dilemmas**:



Being Too Loose

Making light of problems

Holding on too tight

Being too Strict

Making too much of behaviors

Forcing independence

Biopsychosocial Model

- Biological predisposition: high sensitivity and reactivity, slow return to baseline
- Psychological response: unhealthy coping skills “worked” at one point and thus were reinforced, but are no longer effective
- Invalidating social environment: Childhood trauma, use of emotional language met with negative and/or erratic responses, not modeled healthy coping skills

Developmentally “Typical” Youth Behavior

- **Typical:** Increased sexual maturation, sexual experimentation, focus on body image, and self-consciousness
- **Cause for concern:** Sexual promiscuity, multiple sexual partners, unsafe sexual practices, pregnancy, eating disorders

Developmentally “Typical” Youth Behavior

- **Typical:** Interpersonal problems, increased parent-adolescent conflict, argumentativeness, idealism, and criticism
- **Cause for concern:** Dysfunctional and abusive relationships; alienating caregivers; frantic efforts to avoid abandonment, a pattern of difficulty keeping relationships steady, running away from home, verbal or physical aggression

Developmentally “Typical” Youth Behavior

- **Typical:** Impulsivity, acting without thinking it through; experimentation with drugs, alcohol, and tobacco; increase sensation seeking and risk-taking
- **Cause for concern:** Excessive risk-taking, multiple accidents, substance use disorders, selling drugs, firearm use, antisocial behaviors, gang membership, violence against others or property

Developmentally “Typical” Youth Behavior

- **Typical:** Stressful transitions to middle school, high school, and college or a job; feeling overwhelmed with everyday decision-making.
- **Cause for concern:** Lack of connection to school or peers, truancy, school failure or dropping out, extreme passivity, becoming paralyzed with indecision

Developmentally “Typical” Youth Behavior

- **Typical:** Not always knowing what you feel or what gets you upset, wanting alone time
- **Cause for concern:** Emotional instability: fast, intense mood changes with little control; confusion about self; extreme social withdrawal

Developmentally “Typical” Youth Behavior

- **Typical:** Intermittent neglect of self-care such as missing medical and dental appointments, irregular sleep patterns, poor diet (not due to scarcity)
- **Cause for concern:** A pattern of neglect of mental health, physical health, or dental health treatment; multiple emergency room visits; not following medication regimen (such as insulin for diabetics); a pattern of too much or too little sleep

DBT Priority Targets

- Decrease life-threatening behaviors—suicidality and self-harm resulting in an imminent threat to life
- Decrease therapy interfering behaviors
- Decrease quality of life interfering behaviors—the previously listed “cause of concern” behaviors

DBT Priority Targets

Increase behavioral skills

- Interpersonal skills
- Distress tolerance skills
- Emotion regulation skills
- Core mindfulness skills
- Walking the middle path

DBT

DBT is indicated for youth with a history of:

- Repeated suicide attempts.
- Chronic emotional dysregulation.
- Multiple coexisting problems.
- A pattern of crisis generating behaviors.

DBT

Disorders that frequently respond well to DBT include personality disorders, mood disorders, anxiety, PTSD, substance use disorders, eating disorders

Disorders that are not suited to DBT include active psychosis, significant developmental and learning disabilities-cognitive impairment, conduct disorders, and antisocial behaviors (that are not well suited to the group skills training format)

DBT for Youth: Assumptions

- Youth AND families are doing the best they can AND they are capable of learning new behaviors in all relevant contexts.
- Youth want to improve, feel better, and behave better.
- Youth need to do better, try harder, and be more motivated to change.

DBT for Youth: Assumptions

- Youth may not have caused all of their problems but they have to solve them anyway.
- Their lives are painful and have become unbearable as they are currently lived.
- Youth and Families cannot fail in DBT therapy.

Validation

Validation communicates understanding of the youth's experience.

- We are listening.
- We take you seriously.
- We understand.
- We are being nonjudgmental.
- We care about the relationship.

Validation

And...

- You are more than what happened to you.
- Your behaviors are understandable given the relevant facts and current environment.
- Conflict is possible with decreased intensity.

DBT for Youth-Assumptions

- Validation of self is essential and helps youth to
 - Enhance self regulation.
 - Maintain interpersonal effectiveness.
 - Reduce emotional and physical arousal.
 - Reduce vulnerability to emotion mind.
 - Process new information.
- The goal for youth: walking the middle path
 - Dialectics: balancing acceptance and change
 - Validation: working on acceptance
 - Behaviorism: working on change

D-B-T

The “D” means “dialectical.” A dialectic is an integration of opposites.

Dialectical strategies help both the therapist and the client get unstuck from extreme positions.

The “B” stands for “behavioral.”

DBT requires a behavioral approach. This means that we assess the situations and target behaviors that are relevant to client goals in order to help them to solve the problems in their lives

DBT

There are four modes of standard outpatient DBT.

- Individual psychotherapy
- Concurrent DBT skills training group
- In-the-moment phone coaching
- DBT consultation teams for therapists

D-B-T: The “T” is for “Therapy”

Individual psychotherapy serves to:

- **Enhance client motivation and help clients to apply new skills.**
 - Individual therapy usually takes place once a week
 - Therapy runs concurrently with DBT skills training group
- **Provide case management support.**
 - The therapist uses dialectical, validation, and problem-solving strategies to teach the youth to be their own case manager.
 - The therapist consults with the youth about what to do, and will rarely intervene on the client's behalf.

Offer Additional Supports (As Needed)

- Family therapy and pharmacotherapy
- Multi-family skills training group
- Phone coaching for family members (by skills trainers)

Pre-Treatment Orientation

Orientation sessions are used to:

- Engage youth and their families.
- Educate about the model including homework (example: diary cards).
- Build a therapeutic alliance.
- Establish pre-treatment targets.
 - Define problems and long-term goals
 - What would make your life worth living?
- Obtain commitments from youth and their caregivers.
- Empower youth with informed choice.

DBT Skills Training Group

DBT skills training is frequently taught in groups during weekly sessions for 16-24 weeks.

DBT Skills Training Group

There are four categories of skills taught in DBT:

- **Mindfulness:** the practice of being fully aware and present in this one moment
- **Distress tolerance:** how to tolerate pain in difficult situations, not change it
- **Interpersonal effectiveness:** how to ask for what you want and say no while maintaining self-respect and relationships with others
- **Emotion regulation:** how to change emotions that you want to change”

DBT Skills Training Group

A fifth category is added for adolescents.

Walking the middle path: how to address polarized thinking in effective behavioral patterns; focus on validation

Adapting the model: the use of “grad groups”

DBT Coaching Between Sessions

In-the-moment coaching is available 24/7 (or as defined by the DBT therapist) The purpose:

- Youth are coached on how to use their DBT skills to effectively cope with difficult situations that arise in everyday life.
- Youth learn to reframe the definition of a crisis.
- Skill generalization
- Repair the therapist-client relationship
- Reinforce positive choices
- Celebrate successes

In-the-Moment Phone Coaching

How is DBT coaching different than on call crisis counseling? After a risk assessment, the therapist focuses on the skill to use in the moment. Phone coaching is NOT used to:

- Process a triggering event.
- Become a de facto therapy session.
- Offer attention for extreme behaviors.

DBT Consultation Team

The DBT consultation team for therapists is essential to:

- Help therapists monitor their fidelity to the treatment.
- Develop and increase their skills.
- Sustain their motivation to work with high-risk, difficult-to-treat clients.

Engage, Equip, and Empower Youth

- **Engage:** Pre-treatment orientation, validation, straight-forward communication
- **Equip:** individual therapy, skills groups, coaching, diary cards
- **Empower:** commitment to therapy, self-identified goals, skill building

The Wise Mind ACCEPTS

A take-away skill set: Use distraction for distress tolerance:

- **A**ctivities - do something
- **C**ontributing - do something nice for someone
- **C**omparisons - make comparisons that make you feel better
- **E**motions - create different emotions
- **P**ush away - painful situations
- **T**houghts - replace your thoughts
- **S**ensations - intensify other sensations.

Questions?

Feel free to contact me:
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Resources and References

- www.behavioraltech.org
- [Behavioral Tech Newsletter Sign-Up – Behavioral Tech](#)
- www.dbtselfhelp.com
- Portland DBT Institute <https://www.pdbti.org/>
- [Engage, Equip, and Empower – Youth Empowered Solutions \(uww.edu\)](#)

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- Research and Training Center for Pathways to Positive Futures. (2019). Emerging Strategies for Engaging Young People in Systems of Care. Portland State University. Portland, OR: Research and Training Center for Pathways to Positive Futures. Retrieved June 2020, from <https://www.pathwaysrtc.pdx.edu/pdf/emerging-strategies-for-engaging-young-people.pdf>